## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

19647280

| (Column 1) (Column 2)  |  |   |                                       |                              |                              |                  |       | SMALL ENTITY TYPE   |                        |       | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------------------------------|------------------------------|------------------------------|------------------|-------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | ~                                     |                              |                              |                  | ſ     | RATE                | FEE                    | [     | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                              | NUMBER EXTRA                 |                  | Ì     | BASIC FEE           | 375.00                 | OR    | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | → minus 20=                           |                              | * 0                          |                  |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | \ minus 3 =                           |                              | * 9                          |                  |       | X42=                |                        | OR    | X84=                       |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                                | ESENT                        |                              |                  |       | +140=               |                        | OR    | +280=                      |                        |
| * <b>I</b> f   | the difference                                       | in column 1 is                            | less than zero, enter "0" in column 2 |                              |                              | 1                | TOTAL |                     | OR                     | TOTA  | 750-                       |                        |
|  | C  | LAIMS AS A                                | MENDED - PART II                      |                              |                              |                  |       | <del></del>         |                        |       | OTHER THAN                 |                        |
|  |  | (Column 1)                                |                                       | (Colu                        |                              | (Column 3)       |       | SMALL               |                        | OR    | SMALL                      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI<br>PAID | IBER                         | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                           |                              | =                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| AME  | Independent  | *   | Minus                                 | ***                          | T OL AINA                    | -                |       | X42=                |                        | OR    | X84=                       |                        |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                            | PENDEN                       | 1 CLAIN                      |                  | ۱     | +140=               |                        | OR    | +280=                      |                        |
|  |  |   |                                       |                              |                              |                  |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|  | ·  | (Column 1)                                |                                       |                              | mn 2)                        | (Column 3)       |       |                     |                        | -     |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREV                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                           |                              | =                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| ME   | Independent  | * .                                       | Minus                                 | ***                          |                              | =                |       | X42=                |                        | OR    | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                                       |                              |                              |                  | .]    | +140=               |                        | OR    | +280=                      |                        |
|  |  |   |                                       |                              |                              |                  |       | TOTAL               |                        | OR    | TOTAL                      |                        |
| ADDIT. FEE   |  |   |                                       |                              |                              |                  |       |                     |                        |       | ADDIT. FEE                 |                        |
|  |  | (Column 1)<br>CLAIMS                      |                                       |                              | ımn 2)<br>HEST               | (Column 3)       | וׁ וֹ |                     | ADDI                   | 1     | F                          | ADDI                   |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREV                         | MBER<br>IOUSLY<br>D FOR      | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NOM  | Total  | *   | Minus                                 | **                           |                              | =                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| AME  | Independent  | *   | Minus                                 | ***                          |                              | =                |       | X42=                |                        | OR    | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |                                       |                              |                              |                  |       |                     | 1                      | +280= |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  |  |   |                                       |                              |                              |                  |       | TOTAL               | <u> </u>               | OR    | TOTAL                      |                        |
| **   | *If the "Highest N                                   |   | ADDIT. FEE                            |                              | OR                           | ADDIT. FEE       |       |                     |                        |       |                            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                              |                              |                  |       |                     |                        |       |                            |                        |